Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		NVS5467PCA		B. WING		12	12/19/2008	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	1 201	10/2000	
DEPENDABLE CARE SERVICES, LLC				01 S RANCHO #A-3 AS VEGAS, NV 89106				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATIO			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
P 000	Initial Comments		P 000					
	This Statement of Deficiencies was generated as a result of the initial State Licensure survey conducted in your facility on 12/19/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.							
	construed as prohibit	Health Division shall not ing any criminal or civil s or other claims for rel to any party under						
		lied for a license as a Agency which provides re services to elderly an	nd					
	The census was 1 client. One (1) client's chart was reviewed.							
	Three (3) employee's files were reviewed.							
	There were no complaints investigated.							
	The following deficier	ncies were identified:						
P 060 SS=C	Section 14.1(2) Admi	inistrator Responsibilitie	es	P 060				
	the licensee in the da the agency and shall his authority in his ab responsibilities of an without limitation: (a) Employing qualifier for their training;	appoint a person to ex	ercise					

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 06/08/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5467PCA 12/19/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 501 S RANCHO #A-3 **DEPENDABLE CARE SERVICES, LLC** LAS VEGAS, NV 89106 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 060 Continued From page 1 P 060 providing services to a client of the agency and that such services are provided in accordance with the functional assessment of the the service plan established for the client and the policies and procedures of the agency; (c) Developing and implementing an accounting and reporting system that reflects the fiscal experience and current financial position of the agency; (d) Negotiating for services provided by contract in accordance with legal requirements and established policies of the agency; (e) Providing oversight and direction for attendants and other members of the staff of the agency as necessary to ensure that the clients of the agency receive needed services: (f) Developing and implementing policies and procedures for the agency, including, without limitation, policies and procedures concerning terminating the personal care services provided to a client; (g) Designating one or more employees of the agency to be in charge of the agency during those times when the administrator is absent; and (h) Demonstrating to the Health Division upon request that the agency has sufficient resources and the capability to satisfy the requests of each client of the agency related to the provision of the personal care services described in the service plan to the client.

This STANDARD is not met as evidenced by: Based on record review on 12/19/08, the administrator failed to designate an employee to be in charge of the agency when absent, and to demonstrate that it had sufficient resources to

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

for review.

Section 15.

Findings include:

The agency's Policy and Procedure manual was not available for review as provided in NAC 449

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(i) Documentation of all training attended by and

This STANDARD is not met as evidenced by: Based on record review the facility failed to have complete personnel files 3 of 3 employees.

performance evaluations of the

attendant.

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		NVS5467PCA		B. WING		12/1	19/2008	
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P 230	Continued From page		P 230					
	Findings include: Employee #1's file failed to have an annual TB Screening test, and evidence that references were checked by the agency. Employee #2 failed to have a personnel file available for review.							
	Employee #3's file failed to have the results of a 2 step TB Screening in the file (NAC 441 A. 375), failed to have a physician's statement prior to hire, failed to show compliance with NRS 449.179 and failed to sign the statement that NRS 449 was read and understood.		75), o 9.179					
P 470 SS=C	4. The agency shall develop a written description of the rights of clients and provide a copy to each client or a representative of the client upon initiation of the service plan established for the client. A signed and dated copy of the receipt of this information by the client or a representative of the client must be maintained in the record of the client. This STANDARD is not met as evidenced by: Based on record review the facility failed to provide a written description of the client' rights.		P 470					
	Findings included: The client's file failed of the Client's Rights.	to have a written descr	ription					

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NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	1271	0/2000	
DEPENDABLE CARE SERVICES, LLC				1 S RANCHO #A-3 S VEGAS, NV 89106				
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P 500	Continued From page		P 500					
P 500 SS=C	Section 22.1(3) Prior to Initiation of Services		P 500					
	the client with the act (e) Ensure that the act personal care service	nt are services which as ivities of daily living; an gency is coordinating the sthat it will be twith the care and serv	d e					
	Based on record revie	not met as evidenced bew of client #1's file the w the hiring and trainin						

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